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type a plus sign (+) i.tsšde this box Approved for use through 10/31/99. OMB 0651-0031 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid CMB control number, Substitute for form 1449A/PTO Complete if Known 09/718,931 **Application Number** INFORMATION DISCLOSURE 11/21/2000 Filing Date STATEMENT BY APPLICANT First Named Inventor Artingl. 2711 **Group Art Unit** (use as many sheets as necessary) Examiner Name Sheet of 81230.588001 **Attorney Docket Number**

			U.S. PATENT DOCUM	MENTS	
Examiner Initials *	Cite No.1	Number Kind Code ² (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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